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1001 Pennsylvania Avenue, NW
Suite 400 South
Washington DC 20004-2533
Telephone 202.416.6800
Fax 202.416.6899

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Date April 17, 2006 Attorney Docket No. 14673-028USC1

Total Pages (Including Cover) 16

From David J. Baltazar

Sender's Voice Number 202.416.5806

Sender's Email Address dbaltazar@proskauer.com

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Fax Transmittal

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OFFICIAL COMMUNICATION

RE: U.S. Application No. 10/726,960
Filing Date: December 3, 2003
First Named Inventor: James P. BECKHAM
Art Unit: 3763
Examiner: M. A. McCorkle

SUBMITTED PAPERS:

- CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8 FORM PTO/SB/97 (1 page)
- TRANSMITTAL FORM PTO/SB/21 (1 page)
- FEE TRANSMITTAL FORM PTO/SB/17 (1 page)
- PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (1 page)
- AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 37 CFR 1.111 (11 pages)

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PTO/SB/21 (09-04)

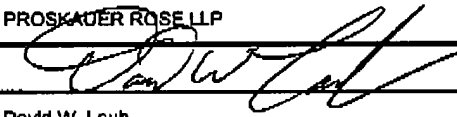
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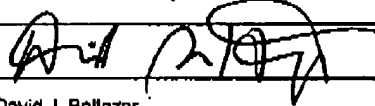
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/726,960	RECEIVED CENTRAL FAX CENTER APR 17 2006
	Filing Date	December 3, 2003	
	First Named Inventor	James P. BECKHAM	
	Art Unit	3763	
	Examiner Name	Meilissa A. MCCORKLE	
Total Number of Pages In This Submission	15	Attorney Docket Number	14673-028USC1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	PROSKAUER ROSE LLP	
Signature		
Printed name	David W. Laub	
Date	April 17, 2006	Reg. No. 38,708

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Signature		
Typed or printed name	David J. Ballazar	Date April 17, 2006

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IDENTIFIED SUBMITTED PAPERS RE: APPLN NO. 10/726,960:

- TRANSMITTAL FORM PTO/SB/21 (1 page)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$450.00

Complete if Known

Application Number	10/726,960
Filing Date	December 3, 2005
First Named Inventor	James P. BECKHAM
Examiner Name	M. A. McCorkle
Art Unit	3763
Attorney Docket No.	14673-028USC1

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two-month Extension of Time

Fees Paid (\$)
\$450.00**SUBMITTED BY**

Signature

Registration No. 38,708
(Attorney/Agent)

Telephone 202-416-6800

Name (Print/Type) DAVID W. LAUB

Date APRIL 17, 2006

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